



X-Plain™ *Colostomy*

Reference Summary

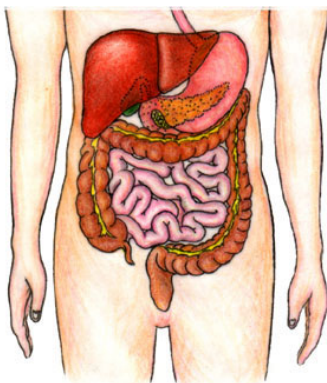
Diseases of the colon and intestines are common. When diseases of the intestines are treated with surgery, it sometimes results in a colostomy or an ileostomy. A colostomy and an ileostomy are both procedures where a surgeon connects parts of the intestines to an opening in the abdomen where stool drains out. This reference summary will help you better understand what a colostomy and an ileostomy are and how they can be cared for.

Anatomy

The inside wall of the abdominal cavity is made of a thin layer of tissue called the peritoneum. A thick layer of muscles covers the peritoneum, and skin covers the muscle. Inside the abdominal cavity are the liver, stomach, spleen and intestines

Swallowed food goes through the esophagus, which is the feeding tube. Next, it enters the stomach, where it is partially digested.

Digested food goes from the stomach to the small intestines, where nutrients are further digested and absorbed.



The small intestines are made up of several sections; the duodenum, the jejunum and the ileum.

Fibers and digested food finally reach the colon. In the colon, the rest of the nutrients get absorbed and stools are formed.

The colon has several sections:

- the ascending colon
- the transverse colon
- the descending colon
- the sigmoid colon
- the rectum
- the anus

Stools are stored in the last part of the colon, called the sigmoid colon and the rectum, before being excreted.

Symptoms & Causes

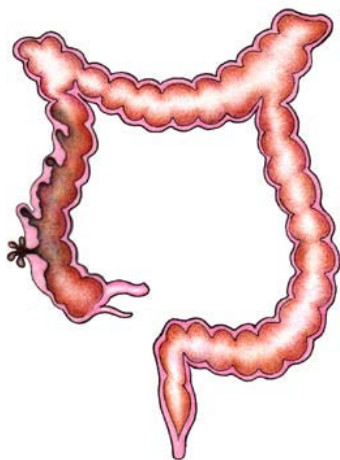
The most common intestinal diseases include, colon cancer, diverticulitis, Crohn's disease, and ulcerative colitis.

About 1 out of every 15 people gets colon cancer. If found early, colon cancer can be cured.

Diverticulitis is a disease that causes the colon to have many small pouches. These pouches are called diverticulae. Diverticulae can get infected,

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which can lead to serious medical problems.



Crohn's Disease and ulcerative colitis together are called Inflammatory Bowel Disease, or IBD. Both conditions cause inflammation of the colon and can lead to other more serious complications.

During surgery on the small intestines or colon, the surgeon may decide to reroute the remaining part of the intestines to the outside of the body through an opening in the abdomen. The surgery to make the opening is called an ostomy. When an ostomy involves the colon, it is called a colostomy. When an ostomy involves the ileum, the last part of the small intestines, it is called an ileostomy.

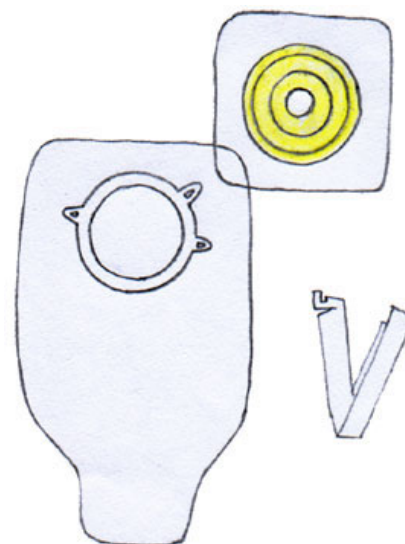
Colostomy & Ileostomy

The opening that is created on the outside of the body during a colostomy or ileostomy is called a stoma. Since colostomy and ileostomy patients cannot control their bowel movements, there are special bags that fit the stoma and collect stools and gases. The bags are called ostomy bags. Ostomy bags are airtight; they do not allow any air, fluid, or smells to leak to the outside. The bags need to be changed regularly and the skin that surrounds the stoma needs special care. Patients with an ostomy are known as ostomates. Ostomates do not pass stools from the rectum. However, some mucous may still pass through the rectum. Bowel movements may be solid or liquid, depending on how much of the bowel is left and still works after a

colostomy or an ileostomy. Ostomates sometimes have rectal spasms that can be treated with medications. A few weeks after surgery, ostomates can usually go back to doing the things they did before surgery.

Stoma Care

Stomas vary in size and color; a red-orange tint is normal. Some stomas bulge slightly outward, some are flush with the skin, and some are drawn slightly inward. The way a stoma looks can change during the day, depending on the activity of the intestines. If a stoma is accidentally bumped, it may bleed just a little; this is normal.



There are many different types of bags, also called pouches or appliances, that can be used to collect stools. One-piece pouches are applied directly on the skin surrounding the stoma. Two-piece pouches have a wafer that is applied to the skin; the pouch itself then gets applied on the wafer. The wafer needs to be changed every 3-4 days. Pouches are either close-ended or open-ended. For example, patients with an ileostomy may benefit more from an open-ended pouch because they have more liquid stools. When either kind of pouch is placed, ostomates need to make sure that it has a snug fit and that it does not allow any stool to leak. Special glues and pastes are available that will make a

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watertight seal. When changing pouches, ostomates should clean the surrounding skin very well. Toilet paper can be used to clean the stoma and surrounding skin. Ostomates can take showers or baths without a pouch on. However, it is important that the skin is dry before a new pouch is applied. Hair on the skin surrounding the stoma can be clipped with scissors or an electric razor. It is best not to use regular safety razors.

Nutrition

Three or more regular meals per day allow an ostomy to work well with little gas production. Chewing well helps food to get digested and decreases the chance of the ostomy becoming blocked. Since stools may be watery, ostomates could lose a lot of fluid without noticing. Therefore, it is important to drink plenty of fluids, especially during hot weather or after exercising. Watery stools also cause ostomates to lose 2 important minerals: sodium and potassium. Ostomates can replenish these minerals by eating extra foods that are high in sodium and potassium. Nutritionists can recommend special diets for ostomates. There are no specific foods that ostomates should avoid. However, it is best to try new foods individually to make sure that specific foods do not cause gas, bloating, or bad odor. Ostomates should tell their doctors about their condition. Some medications may not get totally absorbed by the remaining intestines and may need to be replaced.

Stool Problems

All bowel movements have distinctive odors. For ostomates to keep bowel movement odor at a minimum, they must take good care of their stomas. It is important to change or empty the pouch as needed. Using special deodorizer in the pouch may also help reduce odors. Testing different food groups to see if they produce gas is helpful. Ostomates could miss out on the taste and nutritional benefits of certain foods if they do not test the foods first.

Some foods that commonly cause excess odors for ostomates include asparagus, cauliflower, baked beans, alcohol, fish and onions.

It is sometimes possible to eat or drink certain things **WITH** odor-causing foods to reduce odors. Helpful items include cranberry juice, parsley and buttermilk.

Passing gas is due to when and how food is eaten. Most passed gas, from the rectum **OR** through the stoma, is simply swallowed air. Since eating fast causes air to be swallowed, it is best to eat slowly. Swallowed air can result from chewing gum or drinking through a straw also. It is important to eat meals regularly; skipping meals actually increases gas! To prevent the stoma from becoming clogged, it is important to chew everything very well, especially for patients who have an ileostomy. Some foods that have a tendency of getting stuck in the stoma are celery, popcorn raisins, coleslaw and nuts.

Sexual Activity

Sexual function is usually **NOT** affected by an ileostomy or a colostomy. When surgical incisions are healed, it is safe to have sex. It is important to discuss this with the doctor first. Incisions usually heal within 5 to 6 weeks after the operation. An ostomy pouch should be changed before sex. Sometimes it is possible to cover the pouch with a garment of clothing, depending on what makes the ostomate more comfortable. To prevent rubbing against the stoma, certain sexual positions may need to be avoided. The stoma itself should not be disturbed during sex. Nothing should be inserted into the stoma.

Urgent Signs

Ostomates need to know how to recognize situations when they need to call their doctor. The following are urgent signs that would require ostomates to call their doctor immediately.

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Diarrhea that lasts for more than 1 day.

Severe bleeding from the stoma.

If the stoma turns black.

Severe abdominal pain, bloating, or fever.

Fluid leaking from AROUND the stoma, not through it.

A bulge around the stoma; this could be a hernia. A hernia is when abdominal organs begin to poke under the skin through the abdominal muscles.

Summary

Most ostomates live active lives. Taking good care of a stoma and knowing what to watch for is extremely important in preventing serious complications. It is important for ostomates to notify their doctor if any urgent signs occur. The earlier problems are noticed, the better the chances are of correcting them!

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